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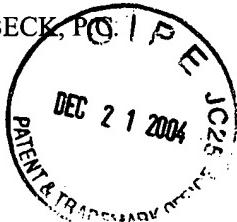
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6449 7590 09/21/2004

**ROTHWELL, FIGG, ERNST & MANBECK, PC
1425 K STREET, N.W.
SUITE 800
WASHINGTON, DC 20005**

12/22/2004 SFELEKE2 00000139 09552705

01 FC:2501 700.00 OP
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(Depositor's name)

(Signature)

(Date)

APPLICATION NO.	FILING DATE	FIRST NAMED INVENTOR	ATTORNEY DOCKET NO.	CONFIRMATION NO.
09/552,705	04/19/2000	Shiuan Chen	2124-311	4317

TITLE OF INVENTION: DRUG SCREENING USING A PROLINE-RICH NUCLEAR RECEPTOR CO-REGULATORY PROTEIN/NUCLEAR RECEPTOR CO-EXPRESSION SYSTEM

APPLN. TYPE	SMALL ENTITY	ISSUE FEE	PUBLICATION FEE	TOTAL FEE(S) DUE	DATE DUE
nonprovisional	YES	\$665-\$700	\$0	\$665-\$700	12/21/2004
EXAMINER		ART UNIT		CLASS-SUBCLASS	
FRONDA, CHRISTIAN L		1652		435-004000	

1. Change of correspondence address or indication of "Fee Address" (37 CFR 1.363).

- Change of correspondence address (or Change of Correspondence Address form PTO/SB/122) attached.
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2. For printing on the patent front page, list

- (1) the names of up to 3 registered patent attorneys or agents OR, alternatively,
(2) the name of a single firm (having as a member a registered attorney or agent) and the names of up to 2 registered patent attorneys or agents. If no name is listed, no name will be printed.

Rothwell Figg Ernst & Manbeck

2 _____
3 _____

3. ASSIGNEE NAME AND RESIDENCE DATA TO BE PRINTED ON THE PATENT (print or type)

PLEASE NOTE: Unless an assignee is identified below, no assignee data will appear on the patent. If an assignee is identified below, the document has been filed for recordation as set forth in 37 CFR 3.11. Completion of this form is NOT a substitute for filing an assignment.

(A) NAME OF ASSIGNEE

(B) RESIDENCE: (CITY and STATE OR COUNTRY)

CITY OF HOPE

Duarte, California

Please check the appropriate assignee category or categories (will not be printed on the patent): Individual Corporation or other private group entity Government

4a. The following fee(s) are enclosed:

- Issue Fee
 Publication Fee (No small entity discount permitted)
 Advance Order - # of Copies 5

4b. Payment of Fee(s):

- A check in the amount of the fee(s) is enclosed.
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 The Director is hereby authorized to charge the required fee(s), or credit any overpayment, to Deposit Account Number 02-2135 (enclose an extra copy of this form).

5. Change in Entity Status (from status indicated above)

- a. Applicant claims SMALL ENTITY status. See 37 CFR 1.27.
 b. Applicant is no longer claiming SMALL ENTITY status. See 37 CFR 1.27(g)(2).

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Authorized Signature

Date

12/21/04

Typed or printed name **Martha Cassidy**

Registration No. 44,066

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